

8 Steps to a Smooth ICD-10 Transition



Ready to get started on ICD-10? [Click here](#) and [here](#) for ICD-10 background info and see below for Additional Resources – meanwhile, here's a step-by-step action plan:

1) Contact your payers: ultimately, the success of ICD-10 depends on payers reimbursing. Start calling your payers **now**, whether insurance companies or Medicaid/Medicare, and nail down the following:

a) does your contract need to be updated? The fine print of your payer contract probably stipulates that all diagnosis codes (as supporting documentation on claims) are coded in ICD-9. You'll want to update your contract to reflect that this ends on 9/30/15 and that ICD-10 should be used as of 10/1/15.

b) confirm when they will be ICD-10 ready (and in doing so, ensure that they are prepared for ICD-10!)

c) find out when they will be ready to test ICD-10: successful testing is the most vital piece of preparation.

d) will they require dual coding? Some payers are requiring a period of dual coding, and this would obviously create work for your agency (see below about how some dual coding will be required by all practices).

e) do they have any ICD-10 resources available? Many payers are offering complimentary ICD-10 resources to help you prepare: make sure to take advantage of any of these provided ([click here](#) for an example).



2) Schedule Testing: not only is testing with payers the most important piece of ICD-10 preparation, it also creates a hard deadline for your organization. Since ICD-10 can be one of those compliance monsters that's hard to make time for amidst the daily grind, having a testing deadline with your payers may be a really helpful accountability axis around which to revolve your agency-wide preparation.

3) Talk to your CPA: experts are advising that practices will need six months of cash reserves to weather the reimbursement bottleneck ICD-10 is expected to create! (Remember the January 2013 CPT debacle for mental health!? This is expected to be *far* worse.) While this type of financial cushion is difficult for many practices to attain, meet with your CPA or bookkeeper and explore what savings options are available. Make sure your employees and colleagues understand that this is the time to be efficient and reduce expenses as much as possible: the viability of the organization depends on it!

4) Create Updated Revenue Plan: if it takes your staff 2-3 times as long to process notes or claims, what changes do you need to make to ensure business viability? That is the type of backlog you want to anticipate.

5) Focus on Claim Completion: one often overlooked method to increasing revenue is to focus on reducing denials and ensuring reimbursements – [click here](#) and [here](#) for complimentary tools to support this. Monitoring your claims mid-flight is essential, especially during the ICD-10 transition: check out [this article](#).

6) Update Your Practice: although diagnosis coding is the responsibility of the provider, your entire practice needs to be on board for ICD-10: minimizing expenses, reducing denials, educating clients (if needed), supporting

the providers in their intense role, and being aware of the impact ICD-10 might have. The more your team understands the enormity of this transition, the greater the chance of practice success through it.

7) Train Your Staff by Department: each team member will have such a different experience of supporting ICD-10 (including dual coding), it's important to actually train each department separately. While a common misconception is that "the biller will take care of it", billers do have a vital role in making sure that the new diagnosis codes have been properly translated into the corresponding CPT codes.

Training your staff, especially the providers, is the most time-consuming aspect of the ICD-10 transition. One resource for training providers is a webinar series we're hosting for Dr. Jason King. It's ICD-10 consultation, in a webinar format, at a fraction of the typical consultation fees. [Click here](#) for details and to register.

8) Test, Fix, Implement - and Test Again: live testing with your payers (by the end of August at the latest!) will give you a solid idea of what still needs to be tackled – and will give you at least a solid month to fulfill any necessary changes. Rework office practices; retrain your employees - and test again. You can even run practice trials, from client check-in through invoice submission, just to be safe. You'll know, from payer feedback and clean claim "reimbursement" when you've reached a level of satisfactory ICD-10 preparation.

Dual Coding: keep in mind that *all* practices will need to dual code in some format, regardless of individual payer stipulation. While ICD-10 codes are required for dates of services after 9/30/15, claims with a date of service prior to 10/1/15 should still be coded in ICD-9, regardless of when they are submitted.

Consultation: there are many resources online for both training and planning, including ICD-10 consultants. It may be a worthwhile investment to hire someone to review your practice and help you brainstorm a plan for success. Two consultants who have helped us are: 1) Dr. Jason King: jking@mellivoragroup.com, 801.960.2177; and 2) Lisette Wright: lwright@behavioralhealthsolutionsmn.com, 651.690.0964

Additional Resources

[PIMSY ICD-10 Resource Center](#)

[ICD-10 for Behavioral Health blog](#)

[How do ICD, DSM, and CPT interact for mental health?](#)

[Transition to ICD-10](#)

[Centers for Medicare and Medicaid Services \(CMS\) ICD-10](#)

[Provider Resources](#)

[American College of Physicians ICD-10 Resource Center](#)

[ICD-10 Conversion Tool and Resources](#)

[AAPC Coding Books](#)



To see how PIMSY EHR can help you meet ICD-10 compliance, [click here](#) – or contact us:

877.334.8512, ext 1 – hello@pimsyemr.com

Disclaimer: Ultimately, it is the responsibility of each practice to ensure ICD compliance, including the 10/1/15 ICD-10 deadline. PIMSY EMR/SMIS has gathered information from various resources believed to be authorities in their field. However, neither PIMSY EMR/SMIS nor the authors warrant that the information is in every respect accurate and/or complete. PIMSY EMR/SMIS assumes no responsibility for use of the information provided. Neither PIMSY EMR/SMIS nor the authors shall be responsible for, and expressly disclaim liability for, damages of any kind arising out of the use of, reference to, or reliance on, the content of these educational materials. These materials are for informational purposes only. PIMSY EMR/SMIS does not provide medical, legal, financial or other professional advice and readers are encouraged to consult a professional advisor for such advice.